



IDAHO DEPARTMENT OF HEALTH & WELFARE

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May 28, 2008

Khati Berlin/Pat Bedke
A+ Solutions
P.O. Box 969
Burley, Idaho 83318

Dear Ms. Berlin & Ms. Bedke:

Thank you for submitting A+ Solutions DDA Plan of Correction dated May 21, 2008. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued your agency, a full one year certificate effective from August 3, 2008 through July 31, 2009.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. You may submit supporting documentation as follows:

Fax to: 208-239-6279,
Email to: lovelanp@dhw.idaho.gov
Mail to:
Or deliver to: Dept. of Health and Welfare
1070 Hilina, Suite 260
Pocatello, Idaho 83201
Attn: Pam Loveland-Schmidt
DDA/Res Hab Survey and Certification

You can reach me if you have any questions at 208-239-6267.

Thank you for your patience and accommodating us through the survey process.

Pam Loveland-Schmidt
Pam Loveland-Schmidt
Medical Program Specialist
Survey and Certification

Enclosure



DDA COMPLIANCE REVIEW

AGENCY NAME: A + SOLUTIONS COUNSELING

SURVEY DATE(S): APRIL 28, 2008 - MAY 1, 2008

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

SURVEY TEAM MEMBERS: Jan Studer, FACS Senior D.S. Region V; and Pam Loveland-Schmidt, BS HCA Medical Program Specialist Survey & Licensing found your agency through observations, discussions and record review to be providing quality services. However, the survey team found several areas of deficiencies that require immediate attention, due to non-compliance with the IDAPA rule and the Provider Agreement. The deficiencies are as follow:

SURVEY FINDINGS

Consumer/Family Satisfaction Survey:

All the parents contacted were happy with the services that their children were receiving. They feel that there has been good gains made with there child's development and that they are listened to and have a good line of communication with the therapist and the center. All the parents know that if the therapist is scheduled to be there they will be.

Therapy Observation Notes:

- Child Participant 1 was observed in his home with Developmental Therapist (CH). He has a very good relationship with his DT and did well on working on his programs that needed to be done before they could go out in the community and do an activity that was his choice.
- Child Participant 2 was observed in the community in a restaurant with Developmental Therapist (CH) working on her programs in a great natural environment.
- Child Participant 3 was observed in his home with Developmental Therapist (GS). The child was very aware of the surveyor's presence and his behaviors started to escalate. He ran out of the apartment the therapist/parent returned the child to the apartment and provided appropriate prompts and reinforcers. When reviewing the child's plan there was no evidence of a behavior plan in place for him when he runs away or out of the home. It appears as though the parent handles those behaviors and the developmental therapist needs to have a plan if the parent is not available.
- Child Participant 4 was observed in the center with Developmental Therapist (BL). She was able to have a choice of her reinforcers and did well in working for those rewards.

All four Participants have good working relationships with there Developmental Therapists. Data collection and programs were run in the appropriate environments. Participants were comfortable and responding to the programs being run. Developmental Therapists were very caring and professional at all

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times. Based upon observations, the programs are being run in the most natural settings. For example: when working on eating skills in a public restaurant when verbal prompts were required the therapist would whisper in the participant's ear instructions so those around were not aware of the prompts. In the home and in the center all participants were given choices of reinforcers or rewards and treated in a polite respectful and professional manner. Overall the Developmental Therapists provided good therapy.

Deficiencies:

16.04.11.201 APPLICATION FOR INITIAL CERTIFICATION.

04. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Section 005 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-06)

9. Written code of ethics policy adopting a code of ethics relevant to professional activities with participants and colleagues, in practice settings. The policy must articulate basic values, ethical principles and standards for confidentiality, conflict of interest, exploitation, and inappropriate boundaries in the developmental disabilities agency's relationship with participants and with other agencies. The code of ethics adopted must reflect nationally-recognized standards of practice; (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings include:

Agency record(s) lacked:

Evidence of a written code of ethics policy adopting a code of ethics relevant to professional activities with participants and colleagues, in practice settings. The policy must articulate basic values, ethical principles and standards for confidentiality, conflict of interest, exploitation, and inappropriate boundaries in the developmental disabilities agency's relationship with participants and with other agencies.

For example: the agency had a code of ethics but the policy did not articulate basic values, ethical principles and standards for confidentiality, conflict of interest, exploitation, and inappropriate boundaries in the developmental disabilities agency's relationship with participants and with other agencies

16.04.11.400 GENERAL STAFFING REQUIREMENTS FOR AGENCIES

02. Professionals. The agency must have available, at a minimum, the following personnel, qualified in accordance with Section 420 of these

Agency's Plan for Compliance:

(Answer questions 1 through 5 for each deficiency)

Agency corrected deficiency during the survey. Agency needs to address questions number 3 and 4.

1. What corrective action(s) will be taken?
2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?
3. Who will be responsible for implementing each corrective action?
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?
5. Dates for when the corrective action will be completed?

05/21/08 Agency Plan of Correction accepted.

Agency corrected deficiency during the survey. Agency needs to address questions number 3 and 4.

1. What corrective action(s) will be taken?
2. How will the agency identify participants who may be affected by the



<p>rules, as employees of the agency or through formal written agreement (7-1-06)</p> <p>e. Psychologist (7-1-06)</p> <p>FINDINGS:</p> <p>Based upon record review and staff discussion, the agency is not in compliance. The findings include:</p> <p>Agency record(s) <u>lacked:</u></p> <ul style="list-style-type: none"> A formal written agreement with a Licensed Psychologist. For example: The agency had a contract with a school Psychologist with Idaho Educational Credentials only. 	<p>deficiency(s)? If participants are identified what corrective action will be taken?</p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?</p> <p>5. Dates for when the corrective action will be completed?</p> <p>05/21/08 Agency Plan of Correction accepted.</p>
<p>16.04.11.400 GENERAL STAFFING REQUIREMENTS FOR AGENCIES.</p> <p>03. Records of Licenses or Certifications. The agency must maintain documentation of the staff qualifications required under Section 420 of these rules, including copies of applicable licenses and certificates. (7-1-06)</p> <p>FINDINGS:</p> <p>Based upon record review and staff discussion, the agency is not in compliance. The findings include:</p> <p>Agency record(s) <u>lacked:</u></p> <ul style="list-style-type: none"> Documentation of the staff qualifications required under Section 420 of these rules including copies of applicable licenses and certificates. (7-1-06) For example: The agency had a contract with a school Psychologist with Idaho Educational Credentials only. 	<p>Agency corrected deficiency during the survey. Agency needs to address questions number 3 and 4.</p> <p>1. What corrective action(s) will be taken?</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?</p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?</p> <p>5. Dates for when the corrective action will be completed?</p> <p>05/21/08 Agency Plan of Correction accepted.</p>
<p>16.04.11.405 STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI.</p> <p>When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06)</p> <p>03. Professional Observation. The agency must assure that a professional qualified to provide the service must, on a monthly basis or</p>	<p>Agency corrected deficiency during the survey. Agency needs to address questions number 3 and 4.</p> <p>1. What corrective action(s) will be taken?</p> <p>2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?</p> <p>3. Who will be responsible for implementing each corrective action?</p> <p>4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?</p> <p>5. Dates for when the corrective action will be completed?</p> <p>05/21/08 Agency Plan of Correction accepted.</p>



more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings include:

- 1 out of 4 Employee(s) (GS) employee record lacked.
 - Documentation the agency assures that a professional qualified to provide the service must on a monthly basis or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). For example: Developmental Therapist (GS) lack evidence monthly observations were completed for 07/07.

16.04.11.415 GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.

02. Sufficient Training. Training of all professional and direct service staff and volunteers must include the following as applicable to their work assignments and responsibilities: (7-1-06)

c. Correct and appropriate use of assistive technology used by participants; (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings include:

- 2 out of 4 employees (BL, GS) training records lacked the following:
 - Evidence of Correct and appropriate use of assistive technology used by participants; (7-1-06)

500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.

The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)

04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. (7-1-06)

b. A brief summary of each fire drill conducted must be written and

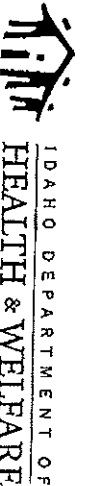
Agency corrected deficiency during the survey. Agency needs to address questions number 3 and 4.

1. What corrective action(s) will be taken?
2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?
3. Who will be responsible for implementing each corrective action?
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?
5. Dates for when the corrective action will be completed?

05/21/08 Agency Plan of Correction accepted.

1. What corrective action(s) will be taken?
2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?
3. Who will be responsible for implementing each corrective action?
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?
5. Dates for when the corrective action will be completed?

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maintained on file. The summary must indicate the date and time the drill occurred, problems encountered, and corrective action(s) taken. (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings include:

Agency lacked:

- Evidence the fire drill includes a brief summary of each fire drill conducted be written and maintained on file. The summary must indicate the date and time the drill occurred, problems encountered, and corrective action(s) taken. For example: Twin Falls and Burley locations lacked problems encountered and corrective actions taken for all fire drills prior to 04/08.

500.FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES.

The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)

04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings include:

Agency lacked:

- Evidence evacuation plans posted throughout the center indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. For example: Evacuation plans lacked the location of all fire extinguishers. (Twin Falls location)

16.04.11.5.10 HEALTH REQUIREMENTS.

04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant. Each report must document that the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the

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Agency corrected deficiency during the survey. Agency needs to address questions number 3 and 4:

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2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?
3. Who will be responsible for implementing each corrective action?
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?
5. Dates for when the corrective action will be completed?

05/21/08 Agency Plan of Correction accepted.

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2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?
3. Who will be responsible for implementing each corrective action?
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?



agency permission to do so. A documented review of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings include:

Agency records **lacked the following:**

- Evidence of documented review of all incident reports completed at least annually with written recommendations.

5. Dates for when the corrective action will be completed?

05/21/08 Agency Plan of Correction accepted.

16.04.11.605 REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS.

Specific skill assessments must: (7-1-06)

04. Determine a Participant's Skill Level. Be conducted for the purposes of determining a participant's skill level within a specific domain. (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings included:

- 4 out of 4 Participants (1,2,3,4) record **lacked the following:**
 - Evidence the agency conducts skill assessment for the purposes of determining a participant's skill level within a specific domain. For example: The baseline data is not being counted and recorded accurately. See agency Developmental Recording Sheets. Baseline for a specific skill should not change and baselines have been changing.

1. What corrective action(s) will be taken?
2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?
3. Who will be responsible for implementing each corrective action?
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?
5. Dates for when the corrective action will be completed?

05/21/08 Agency Plan of Correction accepted.

Note: please review Dr. Morgan's Advancing Skills of a Developmental Specialist regarding baselines.

16.04.11.605 REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS.

Specific skill assessments must: (7-1-06)

05. Determine Baselines. Be used to determine baselines and develop the program implementation plan. (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings included:

4 out of 4 Participants (1,2,3,4) record **lacked the following:**

Evidence the agency conducts skill assessment for the purposes of determining a participant's skill level within a specific domain. For example: The baseline data is not being counted and recorded accurately.

1. What corrective action(s) will be taken?
2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?
3. Who will be responsible for implementing each corrective action?
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?
5. Dates for when the corrective action will be completed?

05/21/08 Agency Plan of Correction accepted.

See agency Developmental Recording Sheets. Baseline for a specific skill should not change and baselines have been changing.

Note: please review Dr. Morgan's Advancing Skills of a Developmental Specialist regarding baselines.

16.04.11.701. Requirements for a DDA Providing Services to Children ages 3-17 and Adults Receiving IBI or Additional DDA Services Prior Authorized Under the EPSDT Program.

Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)

05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)

e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age-appropriate. The IPP must include: (7-1-06)

Based upon record review and staff discussion, the agency is not in compliance. The findings included:

iv. The type, amount, frequency and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings included:

4 out of 4 Participants (1,2,3,4) record lacked the following:

- Evidence the IPP includes the type, amount, frequency and duration of therapy to be provided. For developmental therapy the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than 20% over a period of four weeks, unless there is documentation of a participant based reason. For example: All four of the participants reviewed have 28 to 30 hrs of Developmental Therapy listed on their IPP (Individual Program Plan). The billed amount for these participants is not within the 20% of their

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05/21/08 Agency Plan of Correction accepted.



authorized hours on their IPP

116.04.11.703 PROGRAM IMPLEMENTATION PLAN REQUIREMENTS.

For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)

03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings included:

4 out of 4 Participants (1,2,3,4) record lacked the following:

- Evidence the Implementation Plan objectives are measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. For example: Participant (2)'s implementation plan objective socialization 1.1.25 states "The learner will follow directions from a person in charge 80% of the time with two or less verbal prompts" This objective the way it is written is not measurable.

Note: please review Dr. Morgan's Advancing Skills of a Developmental Specialist regarding implementation plans.

16.04.11.703 PROGRAM IMPLEMENTATION PLAN REQUIREMENTS.

For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan

1. What corrective action(s) will be taken?
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5. Dates for when the corrective action will be completed?

05/21/08 Agency Plan of Correction accepted.

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2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?
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5. Dates for when the corrective action will be completed?



must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)

04. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings included:

4 out of 4 Participants (1,2,3,4) record lacked the following:

- Evidence written instructions to staff include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. For example: Participant (3)'s Implementation Plan to staff did not include instructions to staff regarding interventions when he runs away or outside. Another example: Participant (1,2,3,4)'s Implementation plan reinforcers do not reflect individual interests and choices they are the same for each individual. The instructions for staff regarding the goal percentage is based on 80% for all participants and are not individualized and does not reflect progress towards the stated objected.

Note: please review Dr. Morgan's Advancing Skills of a Developmental Specialist regarding implementation plans.

16.04.00.704PROGRAM DOCUMENTATION REQUIREMENTS.

Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06)

01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)
c. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings included:

05/21/08 Agency Plan of Correction accepted.

1. What corrective action(s) will be taken?
2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?
3. Who will be responsible for implementing each corrective action?
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?
5. Dates for when the corrective action will be completed?

05/21/08 Agency Plan of Correction accepted.

<p>4 out of 4 Participants (1,2,3,4) record <u>lacked the following</u>:</p> <ul style="list-style-type: none"> Evidence the agency's review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. For example: The agency collects the data for each objective but no evidence of change or discontinuation of the objective when the participant has met their goal. (Potential Recoupment) 	
<p>16.04.11.704 PROGRAM DOCUMENTATION REQUIREMENTS.</p> <p>Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06)</p> <p>01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)</p> <p>d. When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services. (7-1-06)</p>	<ol style="list-style-type: none"> What corrective action(s) will be taken? How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? Who will be responsible for implementing each corrective action? How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Dates for when the corrective action will be completed?
<p>FINDINGS:</p> <p>Based upon record review and staff discussion, the agency is not in compliance. The findings included:</p> <p>4 out of 4 Participants (1,2,3,4) record <u>lacked the following</u>:</p> <p>Evidence the agency assures when a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services. For example: All participant goals are being looked at the 6 month review and percents are been ran and the DS is signing and dating it but it does not include a written description of the progress for each goal. There is also not an explanation of why continued services are needed.</p>	<p><i>05/21/08 Agency Plan of Correction accepted.</i></p>
<p>16.04.11.905 PARTICIPANT RIGHTS.</p> <p>Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-06)</p> <p>03. Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: (7-1-06)</p> <p>b. When providing center-based services, a DDA must prominently post a list of the rights contained in this chapter. (7-1-06)</p>	<ol style="list-style-type: none"> What corrective action(s) will be taken? How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken? Who will be responsible for implementing each corrective action? How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules? Dates for when the corrective action will be completed?

05/21/08 Agency Plan of Correction accepted.

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings include:

Agency lacked the following:

- Evidence participant rights are prominently posted in the center(s). For example: The Twin Falls location had rights posted but was not the list of rights for DDA's.

16.04.11.915.POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS.

Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06)

08. Written Informed Consent. Ensure that programs developed by an agency to assist participants with managing inappropriate behavior are conducted only with the written informed consent of the participant and guardian where applicable. When programs used by the agency are developed by another service provider the agency must obtain a copy of the informed consent. (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings include:

1 out of 4 participants (4) records lacked the following:

- Evidence the agency ensures the programs developed by an agency to assist participants with managing inappropriate behavior are conducted only with the written informed consent of the participant and guardian where applicable. For example: Participant (4)'s developmental recording form there was a note from the Developmental Therapist wrote stating the participant was given a "time out". There is no plan on file that contains written informed consent by the parent or guardian or programs that manage behavior.

16.04.11.915.POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS.

Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06)

1. What corrective action(s) will be taken?
2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?
3. Who will be responsible for implementing each corrective action?
4. How the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules?
5. Dates for when the corrective action will be completed?

05/21/08 Agency Plan of Correction accepted.

1. What corrective action(s) will be taken?
2. How will the agency identify participants who may be affected by the deficiency(s)? If participants are identified what corrective action will be taken?
3. Who will be responsible for implementing each corrective action?
4. How the corrective action(s) will be monitored to ensure consistent



09. Review and Approval. Ensure that programs developed by an agency to manage inappropriate behavior are only implemented after the review and written approval of the qualified professional. If the program contains restrictive or aversive components, the agency psychologist must also review and approve, in writing, the plan prior to implementation. When programs implemented by the agency are developed by another service provider the agency must obtain a copy of these reviews and approvals. (7-1-06)

FINDINGS:

Based upon record review and staff discussion, the agency is not in compliance. The findings include:

1 out of 4 participants (4) records lacked the following:

Evidence the agency ensures that programs developed by an agency to manage inappropriate behavior are only implemented after the review and written approval of the qualified professional. If the program contains restrictive or aversive components, the agency psychologist must also review and approve, in writing, the plan prior to implementation. For example: Participant (4)'s record has no evidence there is a plan on file for the use of restrictive or aversive components that has been reviewed and approved by the agency psychologist for "time out".

compliance with IDAPA Rules?
5. Dates for when the corrective action will be completed?

05/21/08 Agency Plan of Correction accepted.

Medicaid Survey Team Lead Signature: _____

Date: _____

FACS Team Signature: _____

Date: _____

Agency Administrator Signature: _____

Date: _____

Plan of Correction accepted: _____

David Lee Land Schmidt

Date: _____

5/28/08